County: Sheboygan
PINE HAVEN CHRISTIAN HOME, INC.
531 GIDDINGS AVENUE
SHEBOYGAN FALLS 53085 Phone: (920) 467-2401
Operated from 1/1 To 12/31 Days of Operation: 366
Operate in Conjunction with Hospital? No
Number of Beds Set Up and Staffed (12/31/00): 71
Total Licensed Bed Capacity (12/31/00): 71
Number of Residents on 12/31/00: 70

Ownership:
Highest Level License:
Operate in Conjunction with CBRF?
Title 18 (Medicare) Certified? Average Daily Census:

Non-Profit Church Related Skilled Yes No 69

Services Provided to Non-Residents	Age, Sex, and Primary Diagn	Length of Stay (12/31/00)	%				
Home Health Care Supp. Home Care-Personal Care	No No	Primary Diagnosis	% 	Age Groups	 % 	Less Than 1 Year 1 - 4 Years	34. 3 40. 0
Supp. Home Care-Household Services Day Services	No No	Developmental Disabilities Mental Illness (Org./Psy)	0.0 35. 7	Under 65 65 - 74	0. 0 7. 1	More Than 4 Years	25. 7
Respite Care Adult Day Care	No No	Mental Illness (Other) Alcohol & Other Drug Abuse	2. 9 0. 0	75 - 84 85 - 94	20. 0 62. 9	****************	100.0
Adult Day Health Care	No	Para-, Quadra-, Hemiplegic	2.9	95 & 0ver	10. 0	Full-Time Equivaler	ıt .
Congregate Meals Home Delivered Meals	No No	Cancer Fractures	0. 0 0. 0		100. 0	Nursing Staff per 100 Re (12/31/00)	esi dents
Other Meals Transportation	No No	Cardi ovascul ar Cerebrovascul ar	20. 0 2. 9	65 & 0ver	100. 0	 RNs	11. 0
Referral Service Other Services	No No	Di abetes Respi ratory	11. 4 1. 4	Sex	%	LPNs Nursing Assistants	10. 6
Provide Day Programming for Mentally Ill	No	Other Medical Conditions	22. 9	Male Female	27. 1 72. 9	Aides & Orderlies	46. 8
Provi de Day Programming for			100. 0	remare			
Developmentally Disabled ************************************	No ****	 ************	*****	 ********	100.0	 ************	******

Method of Reimbursement

	Medicare (Title 18)		(Medicaid (Title 19)		Other 1		P	Private Pay		 I	Manage	d Care		Percent		
			Per Die	m		Per Die	m		Per Die	m		Per Dien	1]	Per Diem	Total	Of All
Level of Care	No.	%	Rate	No.	%	Rate	No.	%	Rate	No	. %	Rate	No.	%	Rate	No.	Resi dents
Int. Skilled Care	0	0. 0	\$0.00	1	3. 3	\$110. 26	0	0. 0	\$0.00	0	0. 0	\$0.00	0	0. 0	\$0.00	1	1. 4%
Skilled Care	0	0. 0	\$0.00	27	90.0	\$91. 79	0	0. 0	\$0.00	31	77. 5	\$116.00	0	0. 0	\$0.00	58	82. 9%
Intermedi ate				2	6. 7	\$73. 31	0	0.0	\$0.00	9	22. 5	\$99.75	0	0.0	\$0.00	11	15. 7%
Limited Care				0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Personal Care				0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Residential Care				0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Dev. Di sabl ed				0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Traumatic Brain Inj	. 0	0.0	\$0. 00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Ventilator-Depender	ıt O	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Total	0	0.0		30 1	100.0		0	0.0		40	100.0		0	0.0		70	100.0%

********	*****	*******	*****	****	*****	******	*****
Admissions, Discharges, and Deaths During Reporting Period		Percent Distribution	of Residents'	Condi ti	ons, Services	, and Activities as of	12/31/00
beachs barring heportring refrou		\		0/	Needi ng		Total
Percent Admissions from:		Activities of	%		sistance of	% Totally	Number of
Private Home/No Home Health	3. 3	Daily Living (ADL)	Independent		Or Two Staff	Dependent	Resi dents
Private Home/With Home Health	0. 0	Bathi ng	0. 0	one	80. 0	20. 0	70
Other Nursing Homes	30. 0	Dressi ng	11. 4		71. 4	17. 1	70
Acute Care Hospitals	23. 3	Transferring	30. 0		52. 9	17. 1	70
Psych. Hosp MR/DD Facilities	0.0	Toilet Use	20. 0		58. 6	21. 4	70 70
Rehabilitation Hospitals	0. 0	Eating	70. 0		22. 9	7. 1	70 70
Other Locations	43. 3		******	******	**********	**************	**********
Total Number of Admissions	30	Continence		%	Special Trea	tmonte	0/2
Percent Discharges To:	30	Indwelling Or Extern	al Cathotor	1. 4		Respiratory Care	1. 4
Private Home/No Home Health	0. 0	Occ/Freq. Incontinen	t of Pladdon	40. 0		Tracheostomy Care	0. 0
Private Home/With Home Health	0.0	Occ/Freq. Incontinen		21. 4		Suctioning	0. 0
Other Nursing Homes	3. 2	occ/freq. Theolicinen	it of power	21.4	Pocci ving	Ostomy Care	1. 4
Acute Care Hospitals	0.0	Mobility			Deceiving	Tube Feeding	0. 0
	0. 0	Physically Restraine	.a	2. 9			
Psych. Hosp MR/DD Facilities	0. 0	Physically Restraine	ea	2. 9	kecei vi ng	Mechanically Altered Di	ets 42.9
Rehabilitation Hospitals		Cl.: C			0+1 D 1-		
Other Locations	6.5	Skin Care		4.0		nt Characteristics	00.0
Deaths	90. 3	With Pressure Sores		4. 3		ce Directives	92. 9
Total Number of Discharges	0.4	With Rashes		1.4	Medi cati ons	n 1 n	07.4
(Including Deaths)	31	1			Recei vi ng	Psychoactive Drugs	37. 1

	Ownershi p:		Bed	Si ze:		ensure:				
	Thi s	his Nonprofit		50-	50- 99		Skilled		All	
	Facility	ity Peer Group		Peer	Group	Peer	Group	Facilities		
	%	%	Ratio	%	Ratio	%	Ratio	%	Ratio	
Occupancy Rate: Average Daily Census/Licensed Beds	97. 2	87. 8	1. 11	87. 3	1. 11	84. 1	1. 16	84. 5	1. 15	
Current Residents from In-County	100	82. 6	1. 21	80. 3	1. 24	83. 5	1. 20	77. 5	1. 29	
Admissions from In-County, Still Residing	80. 0	25. 9	3. 09	21. 1	3. 79	22. 9	3. 50	21. 5	3.72	
Admissions/Average Daily Census	43. 5	116. 8	0. 37	141.8	0.31	134. 3	0. 32	124. 3	0. 35	
Discharges/Average Daily Census	44. 9	117. 3	0. 38	143. 0	0. 31	135. 6	0. 33	126. 1	0. 36	
Discharges To Private Residence/Average Daily Census	0. 0	43. 9	0.00	59. 4	0.00	53. 6	0.00	49. 9	0.00	
Residents Receiving Skilled Care	84. 3	91. 3	0. 92	88. 3	0. 95	90. 1	0. 94	83. 3	1.01	
Residents Aged 65 and Older	100	97. 1	1.03	95. 8	1.04	92. 7	1. 08	87. 7	1. 14	
Title 19 (Medicaid) Funded Residents	42. 9	56. 2	0. 76	57. 8	0.74	63. 5	0. 67	69. 0	0. 62	
Private Pay Funded Residents	57. 1	37. 5	1. 52	33. 2	1. 72	27. 0	2. 12	22. 6	2. 53	
Developmentally Disabled Residents	0. 0	0. 6	0.00	0. 7	0.00	1. 3	0.00	7. 6	0.00	
Mentally Ill Résidents	38. 6	36. 3	1.06	32. 6	1. 18	37. 3	1.03	33. 3	1. 16	
General Medical Service Residents	22. 9	21. 1	1.09	19. 2	1. 19	19. 2	1. 19	18. 4	1. 24	
Impaired ADL (Mean)	45. 4	50.8	0.89	48. 3	0. 94	49. 7	0. 91	49. 4	0. 92	
Psychological Problems	37. 1	50. 0	0. 74	47. 4	0. 78	50. 7	0. 73	50. 1	0.74	
Nursing Care Required (Mean)	6. 4	6.8	0. 95	6. 1	1.06	6. 4	1.00	7. 2	0.90	